

**STATE OF LOUISIANA
OFFICE OF RISK MANAGEMENT**



PROPOSER QUESTIONS AND ORM RESPONSES

FOR

**WORKER'S COMPENSATION UTILIZATION
REVIEW PROGRAM**

RFP # 0201WCURP

The following questions were submitted on behalf of ConCentra Integrated Services:

1. In order to better determine anticipated implementation timeframes, can you please indicate the specific claims system the ORM utilizes? Also, will appropriate IT resources/personnel be made available to discuss EDI (electronic data interface) specifics?

ORM currently utilizes Marsh's STARS system, version 8.7.

IT personnel will be available to discuss EDI specifics with the successful proposer.

2. Attachment D ("Cost Proposal Form – Reimbursement Schedule Review") does not factor in PPO fees or associated savings in the maximum cost per bill (obviously to avoid inappropriate assumptions). Therefore, should we assume that the PPO pricing is a separate line item and should we best represent the fees associated with that service? Or is there a specific manner in which you would like that presented?

PPO pricing should be listed as a separate line item.

Please reference fees (if any) ORM will be billed for PPO access.

3. Is the ORM interested in receiving information that while falling out-side of the specifics of this RFP, would demonstrate alternative processes and procedures that would benefit the overall effectiveness of the program? If so, would in what section of the proposal would the ORM like to find that information?

Unless otherwise stated, the Office of Risk Management would like for responses to be submitted as solicited in the RFP.

The following questions were submitted on behalf of CBI Insurance and Care Management:

1. What are the current line charges that ORM is paying for medical bill reviews?

The following fees are based on a three (3) year contract:

Year	Per Line fee	Minimum / Maximum	PPO Fee	Professional Fee
Year 1	\$.81 / line	No minimum 10 line maximum	\$6.00 flat charge per bill	\$68.00 per hour
Year 2	\$.83 / line	No minimum 10 line maximum	\$6.00 flat charge per bill	\$68.00 per hour
Year 3	\$.85 / line	No minimum 10 line maximum	\$6.00 flat charge per bill	\$68.00 per hour

2. Is ORM current contractor using electronic transmission of data to process bills? What is the current contractor's computer link up with ORM's computers?

Currently, after bills are reviewed and adjusted, the contractor places an electronic file on an FTP site on a daily basis for processing by ORM's risk management information system. There is currently no link between the contractor and ORM's computers. Current contractor has provided access to their system for adjusters to view EOB's. ORM would like to explore any more efficient/effective solutions available.

3. To meet the ORM minimum daily pick up of bills, will ORM overnight bills at the Proposer's expense?

The Office of Risk Management currently has daily pickup of invoices (at the contractor's expense) by the contractor. Unless otherwise indicated, this will be the mode of invoice transfer from ORM to contractor and visa versa.

4. Will ORM utilize the Proposer's PPO in conjunction with its PPO if the either; (a) the Health Care Provider is not in ORM's PPO network or (b) the Proposer's discount with the Provider is greater?

ORM does not have a PPO network. ORM would rely upon the successful proposer's PPO Network.

5. Will ORM consider using the Proposer's Pharmacy Management Program for processing pharmacy bills at a greater discount then the fee schedule?

Please provide information (including fees) for your firm's Pharmacy Management Program.

6. In regards to coordinating Second Medical Opinions, are the fees quoted to include both the professional cost of setting up the Second Opinion as well as the cost of the Physician's cost to perform the service?

The cost for Second Medical Opinions should be inclusive of any administrative costs.

The following questions were submitted on behalf of Cost Containment Services LLC:

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Please describe communication materials referenced in section 3.3, #16 on page 4.

In the event ORM is requested to provide information on the firm it utilizes for medical fee schedule review, hospital audits and hospital pre-certification, etc.,

ORM would like to have materials available to disseminate in response to inquiries. These materials should include documentation of your firm's procedures, experience, accreditations, etc.

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Please define certification as required in section 4.2 D, 3 on page 10. What service do you seek regarding "second surgery opinion"? What service do you seek regarding "discharge planning"?

Certification as used here refers to certification that an in-patient hospital stay, as requested by the treating physician, is deemed medically necessary and appropriate. This would also include certifying the number of days requested are in line to meet the standard of care for the medical condition in question.

Second Surgical Opinion should include but not be limited to coordination of second surgical opinions with the appropriate medical specialist for the surgical condition in question. This will include appropriate narrative reports of the SSO outcome.

Discharge Planning should include but not be limited to working with the treating physician and hospital to help facilitate appropriate and timely care for the injured worker upon discharge from a hospital stay.

In the section immediately following 4.2 entitled "THE FOLLOWING SITUATIONS ARE NOT FOR EVALUATION PURPOSES", it is unclear if you are seeking a sample of our invoice for conducting a bill review or an example of our EOMB for payment of this type of bill. Can you advise in greater detail what we are asked to provide in all three listed scenarios.

In all three listed scenarios, please provide both a sample of your invoice for conducting a bill review as well as an example of your EOMB for recommendation of payment to a medical provider.